



## **Formative DOPS: Endoscopic ultrasound (EUS)**

Date of procedure			
Trainee name		Membership no. (eg. GMC/NMC)	
Trainer name		Membership no. (eg. GMC/NMC)	
Outline of case			
Category	Gastrointestinal	НРВ	Other
Please tick appropriate box			
Difficulty of case	Easy	Moderate	Complicated
Please tick appropriate box			

Level of supervision	Maximal	Significant	Minimal	Competent	Not
Complete DOPS form by	supervision Supervisor	supervision Trainee	supervision Trainee	for	applicable
ticking box to indicate the	undertakes the	undertakes tasks	undertakes tasks	independent	
appropriate level of	majority of the	requiring	requiring	practice	
supervision required for each	tasks/decisions &	frequent	occasional	no supervision required	
item below. Constructive	delivers constant	supervisor input	supervisor input	required	
feedback is key to this tool	verbal prompts	and verbal	and verbal		
assisting in skill development.		Pre-proced	prompts		
Indication and risk	Τ	Tre-proced			
Confirms consent					
Preparation					
Equipment check					
Review imaging					
Sedation					
Monitoring					
Comments		1			1
		Endoscopic s	kills		
Intubation					
<ul> <li>Oesophagus</li> </ul>					
Duodenum					
Comments	•		1	1	•
	EUS	imaging and int	erpretation		
Acquisition					
Interpretation					
	Tissue acquisition				
Target selection					
Sampling technique					
Complications					
Recognition and					
management					
of complications					<u> </u>
		Post-proced	ure		
Report writing					
Management plan					

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Level of supervision	Maximal supervision	Significant supervision	Minimal supervision	Competent for independent practice	Not applicable
	ENTS (er	ndoscopic non-t	echnical skills)		
Communication and teamwork					
Situation awareness					
Leadership					
Judgement and decision making					
Comments					
Learning Objectives for the next case  The objectives should be added to the trainee's personal development plan (PDP) once DOPS is completed					
1.	nound be added to the	. tranice 3 personal de	velopinent plan (i Di	, once bot 3 is comple	
2.					
3.					

Overall Degree of Supervision required	Maximal Supervision Supervisor undertakes the majority of the tasks/decisions & delivers constant verbal prompts	Significant Supervision Trainee undertakes tasks requiring frequent supervisor input and verbal prompts	Minimal Supervision Trainee undertakes tasks requiring occasional supervisor input and verbal prompts	Competent for independent practice no supervision required
Please tick appropriate box				





## DOPS form guidance and descriptors

	Pre Procedure
Indication	Has read and evaluated referral.
	Assess relevant documentation and results of tests.
	Understands clinical question and role of EUS in management of patient
Risk	Assesses co-morbidity including drug history
	Assesses any procedure related risks relevant to patient
	Takes appropriate action to minimise any risks
Consent	<ul> <li>Early in training the consent process should be witnessed by the trainer, once competent it is acceptable for the trainee to confirm that valid consent has been gained by another trained member of staff.</li> <li>During the summative DOPS the process of obtaining consent should witnessed and assessed</li> </ul>
	<ul> <li>Complete and full explanation of the procedure including proportionate risks and consequences without any significant omissions and individualised to the patient</li> <li>Avoids the use of jargon</li> <li>Does not raise any concerns unduly</li> <li>Gives an opportunity for patient to ask questions by adopting appropriate</li> </ul>
	verbal and non-verbal behaviours  • Develops rapport with the patient
Drono ==+! = -	Respects the patient's own views, concerns and perceptions
Preparation	• Ensures all appropriate pre-procedure checks are performed as per local policies
	Ensures that all assisting staff are fully appraised of the current case
	Ensures that all medications and accessories likely to be required for this case are
Fauinment	available
Equipment check	• Ensures the available scope is appropriate for the current patient and indication
Review imaging	Ensures the endoscope is functioning normally before attempting insertion
neview iiilagilig	<ul> <li>Evaluation of previous imaging.</li> <li>Demonstrates understanding of relevant anatomy and features of pathology related to clinical condition on pre-procedural imaging</li> </ul>
	<ul> <li>Can correlate imaging with necessary EUS technique to successfully evaluate those abnormalities.</li> </ul>
Monitoring	<ul> <li>Ensures appropriate monitoring of oxygen saturation and vital signs pre-procedure</li> <li>Ensures appropriate action taken if readings are sub-optimal</li> </ul>
Sedation	<ul> <li>Demonstrates awareness of clinical monitoring throughout procedure</li> <li>When indicated inserts and secures IV access and uses appropriate topical anaesthesia</li> </ul>
	<ul> <li>Uses sedation and/or analgesic doses in keeping with current guidelines and in the context of the physiology of the patient</li> </ul>
	Drug doses checked and confirmed with the assisting staff
	Endoscopic skills
Intubation:	Demonstrates safe and effective intubation.
<ul><li>Oesophagu</li></ul>	<ul> <li>Can position echo-endoscope to achieve necessary evaluation and potential EUS</li> </ul>
S	guided tissue acquisition
<ul> <li>duodenum</li> </ul>	
	EUS imaging and interpretation
Target	Can obtain and record clear, accurate images of all relevant anatomy and pathology.
acquisition	<ul> <li>Demonstrates knowledge and necessary skills to utilise scope and ultrasound equipment to produce diagnostic images.</li> </ul>
Interpretation	Understands normal and abnormal findings and correlates with clinical problem to aid diagnosis

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	Tissue acquisition
Target selection	Appropriate selection of FNA/Core biopsy technique
Target serection	Demonstrates understanding of different tissue / fluid required
	depending on anticipated pathology.
	<ul> <li>Shows ability to select safe and achievable target.</li> </ul>
Sampling	Selects appropriate FNA/core biopsy needle to obtain tissue/fluid
technique	<ul> <li>Demonstrates ability to maintain safe, stable position during sampling.</li> </ul>
technique	Shows ability to maintain needle visualisation at all times
	Demonstrates understanding and necessary skills for distribution of acquired sample
	for effective cytology/pathology preparation
	Demonstrates necessary communication/liaison with pathology colleagues to ensure
	effective reporting of samples
	Complications
Recognition and	Recognition
management of	Understanding of potential complications and demonstration of knowledge
complications	about likely symptoms in immediate post procedure time, short term and long
complications	term. To include those related to general endoscopy and those specific to EUS
	and EUS guided interventions
	and Los galded interventions
	Appropriate action
	Demonstration of ability to set in motion necessary actions in case of
	immediate and short term and long term complications, including
	communication with patients and staff, stratification of risk and appropriate
	therapies
	Post procedure
Report writing	Structured endoscopy report:
	- Background / Findings / Intervention / Post procedural Instructions
	Adequate record of definitive findings
	Clear and concise use of relevant EUS terminology
	Record of conclusion of findings and relevance to clinical care
	Clear thought to diagnosis / differential diagnosis
Management	Adequate communication with clinical staff, patient &relatives
plan	before, during and following procedure
,	ENTS (endoscopic non-technical skills)
Communication	Maintains clear communication with assisting staff
and teamwork	Gives and receives knowledge and information in a clear and timely fashion
	Ensures that both the team and the endoscopist are working together, using the
	same core information and understand the 'big picture' of the case
	Ensures that the patient is at the centre of the procedure, emphasising safety and
	comfort
	Clear communication of results and management plan with patient and/or carers
Situation	Ensure procedure is carried out with full respect for privacy and dignity
awareness	Maintains continuous evaluation of the patient's condition
	Ensures lack of distractions and maintains concentration, particularly during
	difficult situations
	<ul> <li>Intra-procedural changes to scope set-up monitored and rechecked</li> </ul>
Leadership	<ul> <li>Provides emotional and cognitive support to team members by tailoring leadership</li> </ul>
Leadership	and teaching style appropriately
	<ul> <li>Supports safety and quality by adhering to current protocols and codes of clinical</li> </ul>
	practice
	Adopts a calm and controlled demeanour when under pressure, utilising all     resources to maintain control of the situation and taking responsibility for nations.
	resources to maintain control of the situation and taking responsibility for patient

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outcome
Considers options and possible courses of action to solve an issue or problem,
including assessment of risk and benefit
Communicates decisions and actions to team members prior to implementation
Reviews outcomes of procedure or options for dealing with problems
Reflects on issues and institutes changes to improve practice